Dan Beard Council

East Fork District Community Day Camp

Staff Agreement 2024

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| --- | --- | --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for agreeing to serve as Volunteer Staff for:

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| Camp: | Dan Beard Council, East Fork Cub Camp |
| Location: | Indian Mound Shelter/East Fork St Park 3294 Elklick Rd Bethel,OH 45106 |
| Dates: | June 10-14 (Circle days you will be attending) M Tu W Th F |
| Arrival  | 7:15-7:30am | Departure: | 4:15-4:30pm |
| Role: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

My signature of this Camp Staff Agreement indicates my acceptance of the following terms and conditions:

1. I will live by the Scout Oath and Scout Law at all times.
2. I will agree to follow the Scouter Code of Conduct.
3. I will provide a current Youth Protection Training Certificate.
4. I will have read and agree to abide by all the policies stated in the Staff Handbook.
5. I will provide a current BSA Medical Form and Informed Consent Form, Parts A and B.
6. I will attend a Staff Training on Saturday, June 8th from 12-4pm at Indian Mound Shelter/East Fork State Park 3294 Elklick Rd, Bethel, OH 45106.
7. I will attend Pre-camp Check-in on Saturday, June 8th from 10-12pm at Indian Mound Shelter.
8. I will accept assignments by the camp director and program director to assist in additional tasks, should the need arise, unless I do not have the authorized training to work in those areas (such as the Shooting Sports Ranges).
9. I will be in proper uniform at all times. Community Camp uniform consists of the Council provided Camp T-shirt, or in the event one is not available, another Scout t-shirt or Class A, appropriate shorts or pants, closed toe shoes, and staff name tag. Additional camp t-shirts may be purchased.
10. I will refrain from the use of alcoholic beverages, drugs, and narcotics, and will use tobacco only in permitted areas if I am of legal age.
11. The Camp Director, Program Director, or other Council and District professional staff may terminate my service at any time if dissatisfied with my conduct or performance, as outlined in the Camp Handbook. I may also terminate my service with 24 hour’s written notice to the camp director.

Volunteer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent signature (for volunteers under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp/Program Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_